

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22242

1258

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1258	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON				c. CITY OR TOWN KINLOCH 4091		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 Day				e. STREET ADDRESS (If rural, give location) 1015 WARREN			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL							
3. NAME OF DECEASED (Type or Print)		a. (First) Fatima		b. (Middle)		c. (Last) Gardner	
4. DATE OF DEATH		6		12		1956	
5. SEX F		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH DEC. 8, 1954	
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ROBERT GARDNER		13b. MOTHER'S MAIDEN NAME ARLENE McKINNEY		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME LUELLA NELSON ADDRESS 2505 PRAIRIE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) subarachnoid hemorrhage & brain edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gunshot wound of head DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E-981X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kinloch, St. Louis Co., Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 11-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? gunshot wound			
22. I hereby certify that I attended the deceased from 6-11 , 1956, to 6-12 , 1956, that I last saw the deceased alive on 6-12 , 1956, and that death occurred at 5:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. Ramsey, M.D.				23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 6/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 18 JUNE 56		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, Mo.	
DATE REC'D BY LOCAL REG. 6-13-56		REGISTRAR'S SIGNATURE Hubert R. Ramsey M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros Funeral Home, Kinloch, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Edward J. Flynn

Licensed Embalmer No.....*4444*

P. O. Address.....*St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.